

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CONSERVATIVE MAJORITY FUND

ADDRESS (number and street) ▼

2776 S ARLINGTON MILL DR #806

ATTN: SCOTT B MACKENZIE

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524454

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

20

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		40199.70
(b) Cash on Hand at Beginning of Reporting Period.....	50510.77	
(c) Total Receipts (from Line 19)	130336.26	295396.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	180847.03	335595.95
7. Total Disbursements (from Line 31)	172030.35	326779.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8816.68	8816.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	800.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

27482.00

44567.00

(ii) Unitemized

94694.23

233695.69

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

122176.23

278262.69

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

122176.23

278262.69

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

800.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

8160.03

16333.56

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

130336.26

295396.25

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

130336.26

295396.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	143875.74	298184.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	143875.74	298184.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61.79	141.79
24. Independent Expenditures (use Schedule E)	16087.82	16087.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	405.00	765.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	405.00	765.00
29. Other Disbursements	11600.00	11600.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	172030.35	326779.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	172030.35	326779.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	122176.23	278262.69
34. Total Contribution Refunds (from Line 28(d))	405.00	765.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121771.23	277497.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	143875.74	298184.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	143875.74	298184.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS SALLY ALBRIGHT 336

Mailing Address 12408 RUSTIC VIEW CT

City State Zip Code
 TAMPA FL 33635

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 22 2015

Transaction ID : SA11AI.10807

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS ROSE BABCOCK 875

Mailing Address 7 CANADA DEL RANCHO

City State Zip Code
 SANTA FE NM 87508

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 29 2015

Transaction ID : SA11AI.10909

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR DONALD BASS 302

Mailing Address 240 JACKSON ST

City State Zip Code
 NEWNAN GA 30263

FEC ID number of contributing
federal political committee.

C

Name of Employer

COWITA MEDICAL CENTER

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 29 2015

Transaction ID : SA11AI.10966

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR FRED BEASLEY 770Mailing Address 4741 WORLD HOUSTON PKWY
STE 150

City	State	Zip Code
HOUSTON	TX	77032

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRA LOGISTICS SERVICES LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : SA11AI.10983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR FRED BEASLEY 770Mailing Address 4741 WORLD HOUSTON PKWY
STE 150

City	State	Zip Code
HOUSTON	TX	77032

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRA LOGISTICS SERVICES LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : SA11AI.10984

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ALFRED L BELLOTTO 338

Mailing Address 2200 FAIRMOUNT AVE

City	State	Zip Code
LAKELAND	FL	33803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11AI.11016

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR ALFRED L BELLOTTO 338

Mailing Address 2200 FAIRMOUNT AVE

City

LAKELAND

State

FL

Zip Code

33803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11Al.11017

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MS GENEVIEVE BISHOP 662

Mailing Address 10230 EDELWEISS CIR

City

MERRIAM

State

KS

Zip Code

66203

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11Al.11082

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS GENEVIEVE BISHOP 662

Mailing Address 10230 EDELWEISS CIR

City

MERRIAM

State

KS

Zip Code

66203

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

11 / 19 / 2015

Transaction ID : SA11Al.11081

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR CHARLES BLEAKLEY 660

Mailing Address 1074 W SANTA FE ST

City State Zip Code
 OLATHE KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BLEAKLEY DEVELOPMENT CO

Occupation
 DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11Al.11100

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. MS MAUREEN E BOONE 060

Mailing Address 131 VERNON AVE

City State Zip Code
 VERNON ROCKVILLE CT 06066

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015

Transaction ID : SA11Al.11141

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MS MAUREEN E BOONE 060

Mailing Address 131 VERNON AVE

City State Zip Code
 VERNON ROCKVILLE CT 06066

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11Al.11140

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 192
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR WILLIAM BREITFELDER 452

Mailing Address 7429 DOG TROT RD

City State Zip Code
CINCINNATI OH 45248

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2015

Transaction ID : SA11AI.11205

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM BREITFELDER 452

Mailing Address 7429 DOG TROT RD

City State Zip Code
CINCINNATI OH 45248

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2015

Transaction ID : SA11AI.11206

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR JAMES J BRENNAN 604

Mailing Address 7717 CENTRAL AVE

City State Zip Code
BURBANK IL 60459

FEC ID number of contributing
federal political committee.

C

Name of Employer

BANKFINANCIAL CORP

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2015

Transaction ID : SA11AI.11207

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND
 Full Name (Last, First, Middle Initial)
A. MR JAMES J BRENNAN 604

Mailing Address 7717 CENTRAL AVE

 City
 BURBANK

 State
 IL

 Zip Code
 60459

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 BANKFINANCIAL CORP

 Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SA11AI.11208

Amount of Each Receipt this Period

125.00

 Full Name (Last, First, Middle Initial)
B. MR DAVID L BRICK 902

Mailing Address 1710 HUNTSMAN CT

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Transaction ID : SA11AI.11215

Amount of Each Receipt this Period

100.00

 Full Name (Last, First, Middle Initial)
C. MR DOUG BRONSON 338

 Mailing Address 5300 S FLORIDA AVE
 STE 3

City

LAKELAND

State

FL

Zip Code

33813

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.11237

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS ELIZABETH BRYDEN 100

Mailing Address 1 W 67TH ST

APT 611

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SA11AI.11271

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. MR BOBBY G BURNS 236

Mailing Address 20 FINDLEY ST

City

HAMPTON

State

VA

Zip Code

23666

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Transaction ID : SA11AI.11313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR BOBBY G BURNS 236

Mailing Address 20 FINDLEY ST

City

HAMPTON

State

VA

Zip Code

23666

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.11312

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

405.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR GARY T CARLSON 584

Mailing Address 506 8TH ST SW

City

JAMESTOWN

State

ND

Zip Code

58401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	6		2	0	1	5		

Transaction ID : SA11AI.11372

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. MR GARY T CARLSON 584

Mailing Address 506 8TH ST SW

City

JAMESTOWN

State

ND

Zip Code

58401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	5		

Transaction ID : SA11AI.11373

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MR CAREY F CARLTON 338

Mailing Address PO BOX 1986

City

SEBRING

State

FL

Zip Code

33871

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	5		

Transaction ID : SA11AI.11377

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ▶

450.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JAMES G CARTER 253

Mailing Address 5107 HOPEWELL DR

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : SA11AI.11387

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JAMES G CARTER 253

Mailing Address 5107 HOPEWELL DR

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.11386

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JAMES G CARTER 253

Mailing Address 5107 HOPEWELL DR

City

CROSS LANES

State

WV

Zip Code

25313

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : SA11AI.11388

Amount of Each Receipt this Period

-100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR EDWARD P CLARKE 068

Mailing Address 50 LEDGE RD
APARTMENT 127

City DARIEN State CT Zip Code 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.11490

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MRS BARBARA A CLIFFORD 799

Mailing Address 9213 WH BURGESS DR

City EL PASO State TX Zip Code 79925

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2015

Transaction ID : SA11AI.11506

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS BARBARA A CLIFFORD 799

Mailing Address 9213 WH BURGESS DR

City EL PASO State TX Zip Code 79925

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.11505

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR KENNETH L COONEY 891

Mailing Address 10593 PREMIA PL

 City
 LAS VEGAS

 State
 NV

 Zip Code
 89135

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.11602

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. MS VIRGINIA CROSSLAND 648

Mailing Address 3131 KELLEY DR

 City
 JOPLIN

 State
 MO

 Zip Code
 64804

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.11669

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR JOHN E CROWDER 370

Mailing Address 4683 CAIRO BEND RD

 City
 LEBANON

 State
 TN

 Zip Code
 37087

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.11677

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS MARY D CUMMINS 625

Mailing Address 6 3RD DR

City

DECATUR

State

IL

Zip Code

62521

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Transaction ID : SA11AI.11695

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS MARY D CUMMINS 625

Mailing Address 6 3RD DR

City

DECATUR

State

IL

Zip Code

62521

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	5

Transaction ID : SA11AI.11696

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS CURENS 405

Mailing Address 1508 CANTRILL DR

City

LEXINGTON

State

KY

Zip Code

40505

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		9	2		2	0	1	5

Transaction ID : SA11AI.11701

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS JANIS A DAVIS 325

Mailing Address 5084 MANDAVILLA BLVD

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.11746

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MRS LOUISE G DAVIS 780

Mailing Address PO BOX 537

City

COTULLA

State

TX

Zip Code

78014

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHEYENNE TRADERS INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : SA11AI.11757

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. MRS LOUISE G DAVIS 780

Mailing Address PO BOX 537

City

COTULLA

State

TX

Zip Code

78014

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHEYENNE TRADERS INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.11756

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS MARIE T DAY 837

Mailing Address 3603 HILLCREST DR

City
BOISE

State Zip Code
ID 83705

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.11771

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MRS MARIE T DAY 837

Mailing Address 3603 HILLCREST DR

City
BOISE

State Zip Code
ID 83705

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 03 / 2015

Transaction ID : SA11AI.11770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS MARIE T DAY 837

Mailing Address 3603 HILLCREST DR

City
BOISE

State Zip Code
ID 83705

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 25 / 2015

Transaction ID : SA11AI.11769

Amount of Each Receipt this Period

-100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS BRENDA DEAN 640

Mailing Address 911 S PRAIRIE LN

City	State	Zip Code
RAYMORE	MO	64083

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.11777

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR N STUART DICKSON 809

Mailing Address 1735 OSAGE WAY

City	State	Zip Code
COLORADO SPRINGS	CO	80915

FEC ID number of contributing federal political committee.

C

Name of Employer

DISABLED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : SA11AI.11831

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MR N STUART DICKSON 809

Mailing Address 1735 OSAGE WAY

City	State	Zip Code
COLORADO SPRINGS	CO	80915

FEC ID number of contributing federal political committee.

C

Name of Employer

DISABLED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.11829

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR N STUART DICKSON 809

Mailing Address 1735 OSAGE WAY

City State Zip Code
COLORADO SPRINGS CO 80915

FEC ID number of contributing
federal political committee.

C

Name of Employer

DISABLED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

11 / 11 / 2015

Transaction ID : SA11AI.11830

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MR NEAL J DOW 977

Mailing Address 28000 SE PAULINA HWY

City State Zip Code
PRINEVILLE OR 97754

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 28 / 2015

Transaction ID : SA11AI.11865

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS LISE L DRAKE 590

Mailing Address 30 GRIZZLY MDW RD

City State Zip Code
EMIGRANT MT 59027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 05 / 2015

Transaction ID : SA11AI.11868

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS AMELIA DURAN 782

Mailing Address 13614 BARSAN RD

City

SAN ANTONIO

State

TX

Zip Code

78249

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA PRENSA NEWSPAPER

Occupation

EDITOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11AI.11900

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT FERGUSON 075

Mailing Address 19 MOUNTAINVIEW DR

City

HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing
federal political committee.

C

Name of Employer

FASHION INSTITUTE OF TECHNOLOGY

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : SA11AI.12044

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT FERGUSON 075

Mailing Address 19 MOUNTAINVIEW DR

City

HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing
federal political committee.

C

Name of Employer

FASHION INSTITUTE OF TECHNOLOGY

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.12045

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR RAYMOND N FINK 488

Mailing Address PO BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 24 / 2015

Transaction ID : SA11AI.12066

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR RAYMOND N FINK 488

Mailing Address PO BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 12 / 2015

Transaction ID : SA11AI.12067

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS ELAINE FORTIER 038

Mailing Address 45 TEMPLE DR

City

ROCHESTER

State

NH

Zip Code

03868

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2015

Transaction ID : SA11AI.12122

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS WILNOREE L FOWLER 988

Mailing Address 15661 STATE ROUTE 28 W

City
QUINCY

State Zip Code
WA 98848

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 16 / 2015

Transaction ID : SA11AI.12134

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS ELEANOR J FOX 339

Mailing Address 13572 PINE VILLA LN

City
FORT MYERS

State Zip Code
FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 10 / 2015

Transaction ID : SA11AI.12137

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MS CAROLYN FREEMAN 870

Mailing Address PO BOX 220

City
SANDIA PARK

State Zip Code
NM 87047

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 17 / 2015

Transaction ID : SA11AI.12167

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CAROLYN FREEMAN 870

Mailing Address PO BOX 220

City

SANDIA PARK

State

NM

Zip Code

87047

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.12166

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS MARY GARBERG 660

Mailing Address 28248 W 119TH ST

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNFLOWER FARMS

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2015

Transaction ID : SA11AI.12215

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MS MARY GARBERG 660

Mailing Address 28248 W 119TH ST

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNFLOWER FARMS

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : SA11AI.12216

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR STEVE A GIBBS 114

Mailing Address 16035 121ST AVE

City
JAMAICAState
NYZip Code
11434FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : SA11AI.12280

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR EOIN B GILLER 120

Mailing Address 30 MOHAWK TRL

City
CLIFTON PARKState
NYZip Code
12065FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	22	/	2015

Transaction ID : SA11AI.12292

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR EOIN B GILLER 120

Mailing Address 30 MOHAWK TRL

City
CLIFTON PARKState
NYZip Code
12065FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.12291

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

225.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS RHONDA GLAZE 891

Mailing Address 6806 BABY JADE CT

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITED HEALTHCARE

Occupation

CLAIMS PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 16 / 2015

Transaction ID : SA11AI.12310

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MS LAURICE W GOODRICH 711

Mailing Address 939 SOUTHFIELD RD

City

SHREVEPORT

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.12337

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. MS RUTH K GORMLY 910

Mailing Address 1220 RANCHO RD

City

ARCADIA

State

CA

Zip Code

91006

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 24 / 2015

Transaction ID : SA11AI.12344

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS RUTH K GORMLY 910

Mailing Address 1220 RANCHO RD

City
ARCADIA

State Zip Code
CA 91006

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.12345

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR MILTON H GRAN 856

Mailing Address 13934 E SAGE HILLS DR

City
VAIL

State Zip Code
AZ 85641

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR FRED J GRIESER 334

Mailing Address 112 PALM CIR

City
ATLANTIS

State Zip Code
FL 33462

FEC ID number of contributing
federal political committee.

C

Name of Employer

FINANCIAL GAURANTY TR LLC

Occupation

FINANCIAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.12395

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR RICHARD S GRIFFITH 705

Mailing Address PO BOX 91610

City
LAFAYETTE

State Zip Code
LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11AI.12407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM W HEATH 479

Mailing Address 2942 SONATA CT

City
WEST LAFAYETTE

State Zip Code
IN 47906

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.12567

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MS BETH HEATHERLY 790

Mailing Address PO BOX 141

City
WILDORADO

State Zip Code
TX 79098

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEATHERLY DELIVERY SERVICE LP

Occupation

GENERAL PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.12572

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS BETH HEATHERLY 790

Mailing Address PO BOX 141

City

WILDORADO

State

TX

Zip Code

79098

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEATHERLY DELIVERY SERVICE LP

Occupation

GENERAL PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.12571

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS PEGGY V HELMERICH 741

Mailing Address 2121 S YORKTOWN AVE
APT 12

City

TULSA

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2015

Transaction ID : SA11AI.12595

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MR FRANK HENRY 208

Mailing Address 9805 BRIXTON LN

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.12611

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR FRANK HENRY 208

Mailing Address 9805 BRIXTON LN

City
BETHESDA

State Zip Code
MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11Al.12610

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS DOROTHY HERBRUCK 298

Mailing Address 418 COLLETON AVE SE

City
AIKEN

State Zip Code
SC 29801

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11Al.12615

Amount of Each Receipt this Period

107.00

Full Name (Last, First, Middle Initial)

C. MR DONALD HINES 857

Mailing Address 8172 E GALINDA DR

City
TUCSON

State Zip Code
AZ 85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11Al.12653

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

807.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. DR MARK C HOUSTON 370 MD

Mailing Address 2508 IRON GATE CT

City
FRANKLIN

State Zip Code
TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INTERNAL MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2015

Transaction ID : SA11AI.12736

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR JOHN M HUNNICUTT 325

Mailing Address 4754 HICKORY SHORES BLVD

City
GULF BREEZE

State Zip Code
FL 32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.12770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JOHN M HUNNICUTT 325

Mailing Address 4754 HICKORY SHORES BLVD

City
GULF BREEZE

State Zip Code
FL 32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 02 / 2015

Transaction ID : SA11AI.12771

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JOHN M HUNNICUTT 325

Mailing Address 4754 HICKORY SHORES BLVD

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 27 / 2015

Transaction ID : SA11AI.12772

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT JAMISON 483

Mailing Address 6693 RIDGEVIEW DR

City

CLARKSTON

State

MI

Zip Code

48346

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT JAMISON LLC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 24 / 2015

Transaction ID : SA11AI.12835

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS SHIRLEY C JOHNSON 939

Mailing Address 3230 MACOMBER DR

City

PEBBLE BEACH

State

CA

Zip Code

93953

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2015

Transaction ID : SA11AI.12902

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR THOMAS R JOKERST 630

Mailing Address 15912 EAGLE CHASE CT

 City
 CHESTERFIELD

 State
 MO

 Zip Code
 63017

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11AI.12907

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS PAULINE B JONES 801
 Mailing Address 3091 MILL VISTA RD
 UNIT 1013

 City
 LITTLETON

 State
 CO

 Zip Code
 80129

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : SA11AI.12913

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS PAULINE B JONES 801
 Mailing Address 3091 MILL VISTA RD
 UNIT 1013

 City
 LITTLETON

 State
 CO

 Zip Code
 80129

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.12912

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR DAVID A KAHL 432

Mailing Address 1240 NEWBURY DR

City
COLUMBUSState
OHZip Code
43229FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11AI.12951

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR ARNO G KALB 349

Mailing Address 5080 SE HANSON CIR

City
STUARTState
FLZip Code
34997FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.12959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS SALLY R KIEFFER 598

Mailing Address PO BOX 42

City
DARBYState
MTZip Code
59829FEC ID number of contributing
federal political committee.

C

Name of Employer

TEA PARTY COMMAND CTR

Occupation

BLOGGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11AI.13017

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JOHN PETER KIILUNEN 481

Mailing Address 12500 GRAND RIVER RD

City
BRIGHTON

State Zip Code
MI 48116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SA11AI.13019

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MRS JEAN KLIPPERT 440

Mailing Address 9785 COUNTRY SCENE LN

City
MENTOR

State Zip Code
OH 44060

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2015

Transaction ID : SA11AI.13068

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR LOUIS C KOLAR 895

Mailing Address 14420 E WINDRIVER LN

City
RENO

State Zip Code
NV 89511

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11AI.13106

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR LOUIS C KOLAR 895

Mailing Address 14420 E WINDRIVER LN

City
RENO

State Zip Code
NV 89511

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.13107

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR HERBERT G KRETZ 115

Mailing Address 12 COTTAGE PL

City
HEMPSTEAD

State Zip Code
NY 11550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : SA11AI.13135

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR HERBERT G KRETZ 115

Mailing Address 12 COTTAGE PL

City
HEMPSTEAD

State Zip Code
NY 11550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.13134

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JERRY D LAFFERTY 286

Mailing Address PO BOX 453

City

JEFFERSON

State

NC

Zip Code

28640

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.13165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS CHARLOTTE M LAMBERT 570Mailing Address 120 SYCAMORE AVE
APT 24

City

VERMILLION

State

SD

Zip Code

57069

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.13176

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MS DEANNA M LATULIP 140

Mailing Address 7137 COMBS DR

City

HAMBURG

State

NY

Zip Code

14075

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.13223

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS ISABEL B LEIB 117

Mailing Address 1281 WOLVER HOLLOW RD

City	State	Zip Code
OYSTER BAY	NY	11771

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

Transaction ID : SA11AI.13253

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MS ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City	State	Zip Code
CONYERS	GA	30012

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SA11AI.13269

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS LINDA L LESTER 950

Mailing Address 2425 RIC DR

City	State	Zip Code
GILROY	CA	95020

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.13273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS LINDA L LESTER 950

Mailing Address 2425 RIC DR

City
GILROY

State Zip Code
CA 95020

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.13272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR JOSEPH S LEWIS 870

Mailing Address 423 DINKLE RD

City
EDGEWOOD

State Zip Code
NM 87015

FEC ID number of contributing
federal political committee.

C

Name of Employer

EEE CONSULTING

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.13286

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS AUDREY A LUNDGREN 970

Mailing Address 5820 BURMA RD

City
LAKE OSWEGO

State Zip Code
OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2015

Transaction ID : SA11AI.13375

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS AUDREY A LUNDGREN 970

Mailing Address 5820 BURMA RD

City

LAKE OSWEGO

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SA11AI.13374

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS ANN D MACTIER 681

Mailing Address 3811 N POST RD

City

OMAHA

State

NE

Zip Code

68112

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Transaction ID : SA11AI.13422

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS ANN D MACTIER 681

Mailing Address 3811 N POST RD

City

OMAHA

State

NE

Zip Code

68112

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : SA11AI.13421

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JESSIE MARAGONI 936

Mailing Address 4358 S DEL REY AVE

City
DEL REY

State Zip Code
CA 93616

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2015

Transaction ID : SA11AI.13460

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JESSIE MARAGONI 936

Mailing Address 4358 S DEL REY AVE

City
DEL REY

State Zip Code
CA 93616

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.13461

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS NATALIE A MARTEL 037

Mailing Address 335 BRUSHWOOD RD

City
NORTH HAVERHILL

State Zip Code
NH 03774

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : SA11AI.13477

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS NATALIE A MARTEL 037

Mailing Address 335 BRUSHWOOD RD

City State Zip Code
 NORTH HAVERHILL NH 03774

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.13478

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS MARIE D MASTERS 548

Mailing Address PO BOX 302

City State Zip Code
 WEBSTER WI 54893

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.13513

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR FAYE E MATA 750

Mailing Address 2229 SOUTHERN CIR

City State Zip Code
 CARROLLTON TX 75006

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : SA11AI.13515

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. DR FAYE E MATA 750

Mailing Address 2229 SOUTHERN CIR

City State Zip Code
 CARROLLTON TX 75006

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.13514

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS ANNE M MAUNDER 146

Mailing Address 7 PRIVATEERS LN

City State Zip Code
 ROCHESTER NY 14624

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.13521

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS BARBARA MCDONALD 774

Mailing Address 1809 HAWTHORN DR

City State Zip Code
 RICHMOND TX 77469

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.13573

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CAROLYN C MCGOWN 750

Mailing Address 2816 COLONIAL CIR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCGOWAN ASSOC BUSINESSES INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : SA11AI.13582

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS CAROLYN C MCGOWN 750

Mailing Address 2816 COLONIAL CIR

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCGOWAN ASSOC BUSINESSES INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.13581

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MS JOYCE Y MCMUTT 761

Mailing Address 7121 SUMMERSET DR

City

FORT WORTH

State

TX

Zip Code

76126

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11AI.13616

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR RALPH W MESERVEY 646

Mailing Address 17009 LIV 204

City
CHULAState
MOZip Code
64635FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2015

Transaction ID : SA11AI.13656

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR RALPH W MESERVEY 646

Mailing Address 17009 LIV 204

City
CHULAState
MOZip Code
64635FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.13657

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ALFRED MIRAMONTES 919

Mailing Address 3917 AVENIDA PALO VERDE

City
BONITAState
CAZip Code
91902FEC ID number of contributing
federal political committee.

C

Name of Employer

A K ENTERPRISES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : SA11AI.13713

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS MARCIA W MONNIER 454

Mailing Address 6985 WEMBLEY CIR

City
DAYTON

State Zip Code
OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2015

Transaction ID : SA11AI.13739

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS MARCIA W MONNIER 454

Mailing Address 6985 WEMBLEY CIR

City
DAYTON

State Zip Code
OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2015

Transaction ID : SA11AI.13737

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MRS MARCIA W MONNIER 454

Mailing Address 6985 WEMBLEY CIR

City
DAYTON

State Zip Code
OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SA11AI.13738

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR RICHARD E MORRISON 365

Mailing Address 425 GOLF VIEW DR

City
JACKSON

State Zip Code
AL 36545

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11Al.13781

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD E MORRISON 365

Mailing Address 425 GOLF VIEW DR

City
JACKSON

State Zip Code
AL 36545

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11Al.13782

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MR RONALD P MUNDELL 196

Mailing Address 149 JOHNSON LN

City
READING

State Zip Code
PA 19605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2015

Transaction ID : SA11Al.13813

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR RONALD P MUNDELL 196

Mailing Address 149 JOHNSON LN

City
READING

State Zip Code
PA 19605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2015

Transaction ID : SA11AI.13814

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR BOYD MUNSCH 211

Mailing Address 2431 YARMOUTH LN

City
CROFTON

State Zip Code
MD 21114

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEED GREEN ASSOCIATES

Occupation

PROJECT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2015

Transaction ID : SA11AI.13817

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. DR MUHAMMAD NASIR 913

Mailing Address 11987 SHOSHONE AVE

City
GRANADA HILLS

State Zip Code
CA 91344

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARFLAKE REHAB MEDICAL CENTER

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2015

Transaction ID : SA11AI.13858

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. DR MUHAMMAD NASIR 913

Mailing Address 11987 SHOSHONE AVE

City State Zip Code
 GRANADA HILLS CA 91344

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ARFLAKE REHAB MEDICAL CENTER

Occupation
 DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11Al.13859

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR DAVID I NATION 760

Mailing Address 1404 BRIARWOOD BLVD

City State Zip Code
 ARLINGTON TX 76013

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SW CHRISTIAN MISSION

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11Al.13860

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR DONALD OLSOMMER 184

Mailing Address 321 SPRING HILL RD

City State Zip Code
 MOSCOW PA 18444

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 28 / 2015

Transaction ID : SA11Al.13959

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS NANCY L ORME 201

Mailing Address 41284 HOGELAND MILL RD

City	State	Zip Code
LEESBURG	VA	20175

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	10	/	2015

Transaction ID : SA11Al.13979

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MRS NANCY L ORME 201

Mailing Address 41284 HOGELAND MILL RD

City	State	Zip Code
LEESBURG	VA	20175

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2015

Transaction ID : SA11Al.13980

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR DALE A OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

City	State	Zip Code
MEDORA	ND	58645

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11Al.13999

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR DALE A OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

 City
 MEDORA

 State Zip Code
 ND 58645

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 26 2015

Transaction ID : SA11AI.13998

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. MR DALE A OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

 City
 MEDORA

 State Zip Code
 ND 58645

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 03 2015

Transaction ID : SA11AI.14000

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR JOHN PARISH 853

Mailing Address 4112 S AVENUE 5 1/2 E

 City
 YUMA

 State Zip Code
 AZ 85365

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 12 2015

Transaction ID : SA11AI.14015

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JOHN PARISH 853

Mailing Address 4112 S AVENUE 5 1/2 E

City
YUMA

State Zip Code
AZ 85365

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.14016

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR GEORGE C PERREAU 342

Mailing Address 7336 CAPTAIN KIDD AVE

City
SARASOTA

State Zip Code
FL 34231

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.14063

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR GEORGE PFAFF 288

Mailing Address 16 SALISBURY DR
APT 7118

City
ASHEVILLE

State Zip Code
NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.14094

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MRS MARY T PHILPIT 334

Mailing Address 100 WORTH AVE
APT 417

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SA11AI.14108

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MRS MARY T PHILPIT 334

Mailing Address 100 WORTH AVE
APT 417

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.14109

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MR BOB POTEAT 293

Mailing Address PO BOX 160639

City	State	Zip Code
BOILING SPRINGS	SC	29316

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : SA11AI.14159

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS COY M POWELL 977

Mailing Address 2500 SW 83RD ST

City

REDMOND

State

OR

Zip Code

97756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11Al.14166

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MS COY M POWELL 977

Mailing Address 2500 SW 83RD ST

City

REDMOND

State

OR

Zip Code

97756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11Al.14167

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD PREGEANT 365

Mailing Address 5675 RIVERVIEW POINTE DR E

City

THEODORE

State

AL

Zip Code

36582

FEC ID number of contributing
federal political committee.

C

Name of Employer

VEZINA OF ALABAMA INC

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2015

Transaction ID : SA11Al.14173

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS GLYNNIS PRICE 496

Mailing Address 2148 EVERGREEN AVE

City State Zip Code
 TRAVERSE CITY MI 49696

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 04 / 2015

Transaction ID : SA11AI.14176

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS DIANNE T PULSE 386

Mailing Address 113 E SPRING ST

City State Zip Code
 RIPLEY MS 38663

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 25 / 2015

Transaction ID : SA11AI.14201

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS DIANNE T PULSE 386

Mailing Address 113 E SPRING ST

City State Zip Code
 RIPLEY MS 38663

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 25 / 2015

Transaction ID : SA11AI.14202

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MISS LAVONNE C RAMSEY 506

Mailing Address 603 WEST ST

City State Zip Code
 REINBECK IA 50669

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 07 / 2015

Transaction ID : SA11AI.14236

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MISS LAVONNE C RAMSEY 506

Mailing Address 603 WEST ST

City State Zip Code
 REINBECK IA 50669

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 10 / 2015

Transaction ID : SA11AI.14235

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MISS LAVONNE C RAMSEY 506

Mailing Address 603 WEST ST

City State Zip Code
 REINBECK IA 50669

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 12 / 2015

Transaction ID : SA11AI.14234

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR WILLIAM T REYNOLDS 276

Mailing Address 2905 MARS ST

City

RALEIGH

State

NC

Zip Code

27604

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	5

Transaction ID : SA11AI.14308

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM T REYNOLDS 276

Mailing Address 2905 MARS ST

City

RALEIGH

State

NC

Zip Code

27604

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	1	5

Transaction ID : SA11AI.14309

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MISS LAURA B RICHARDS 110

Mailing Address 102 BOULDER RD

City

MANHASSET

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	1	5

Transaction ID : SA11AI.14323

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

360.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS KAREN L ROBISON 841

Mailing Address 1706 E MURRAY HOLLADAY RD
APT 102

City State Zip Code
SALT LAKE CITY UT 84117

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.14375

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. CHARLESMARLEENE RODGERS 902

Mailing Address 8335 DINSDALE ST

City State Zip Code
DOWNEY CA 90240

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.14387

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES A ROPER 920

Mailing Address 6733 CANTIL ST

City State Zip Code
CARLSBAD CA 92009

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.14418

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS MARY RUDELL 913

Mailing Address 16352 VALLEY RANCH RD

City	State	Zip Code
CANYON COUNTRY	CA	91387

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRANBERRY SALESMAN

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.14456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MS JANET B SANDERS 631

Mailing Address 40 CONWAY CLOSE RD

City	State	Zip Code
SAINT LOUIS	MO	63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

Transaction ID : SA11AI.14512

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR FRANKIE SCHIERMAN 988

Mailing Address 5303 PAINTED HILLS RD

City	State	Zip Code
EPHRATA	WA	98823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11AI.14549

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR FRANKIE SCHIERMAN 988

Mailing Address 5303 PAINTED HILLS RD

City State Zip Code
EHRATA WA 98823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.14548

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. MR LONNIE SCHWIRTLICH 784

Mailing Address 14314 PLAYA DEL REY

City State Zip Code
CORPUS CHRISTI TX 78418

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2015

Transaction ID : SA11AI.14600

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR LONNIE SCHWIRTLICH 784

Mailing Address 14314 PLAYA DEL REY

City State Zip Code
CORPUS CHRISTI TX 78418

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2015

Transaction ID : SA11AI.14601

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS DANA L SEXTON 740

Mailing Address 35024 W 261ST ST S

City
BRISTOWState Zip Code
OK 74010FEC ID number of contributing
federal political committee.

C

Name of Employer
OK TURNPIKE AUTHORITYOccupation
COLLECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.14638

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT SHAW 024

Mailing Address 126 LANGDON ST

City
NEWTONState Zip Code
MA 02458FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		11		2015

Transaction ID : SA11AI.14654

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS HELEN W SMITH 631

Mailing Address PO BOX 221051

City
SAINT LOUISState Zip Code
MO 63122FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.14775

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 192

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR EMMETT L SMITH 956

Mailing Address 4126 BUCHANAN DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 02 / 2015

Transaction ID : SA11Al.14791

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR MICHAEL SOBER 967

Mailing Address 2112 LAUWILIWILI ST
STE 106G

City

KAPOLEI

State

HI

Zip Code

96707

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY WELL DRILLING INC

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2015

Transaction ID : SA11Al.14810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MS MARY E STEADMAN 757

Mailing Address 2435 HOMESTEAD LN

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

REFUSED TO GIVE

Occupation

ASSISTANT MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2015

Transaction ID : SA11Al.14882

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR LARRY D STEELE 678

Mailing Address PO BOX 688

City

TRIBUNE

State

KS

Zip Code

67879

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11AI.14883

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR LARRY D STEELE 678

Mailing Address PO BOX 688

City

TRIBUNE

State

KS

Zip Code

67879

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

Transaction ID : SA11AI.14884

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MS SARAH T STEPHENSON 068

Mailing Address 114 W LYON FARM DR

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2015

Transaction ID : SA11AI.14897

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS DANA SUN 932

Mailing Address PO BOX 276

City

THREE RIVERS

State

CA

Zip Code

93271

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE GIVER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SA11AI.14980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS DANA SUN 932

Mailing Address PO BOX 276

City

THREE RIVERS

State

CA

Zip Code

93271

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE GIVER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.14979

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS DANA SUN 932

Mailing Address PO BOX 276

City

THREE RIVERS

State

CA

Zip Code

93271

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE GIVER

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2015

Transaction ID : SA11AI.14981

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS DOROTHY W SWOFFORD 857Mailing Address 7500 N CALLE SIN ENVIDIA
APT 1103

City	State	Zip Code
TUCSON	AZ	85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2015

Transaction ID : SA11AI.14991

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MS DOROTHY W SWOFFORD 857Mailing Address 7500 N CALLE SIN ENVIDIA
APT 1103

City	State	Zip Code
TUCSON	AZ	85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.14992

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MS NANCY P TIMMER 786

Mailing Address 249 SUNDAY CIR

City	State	Zip Code
FREDERICKSBURG	TX	78624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

Transaction ID : SA11AI.15075

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

520.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS NANCY P TIMMER 786

Mailing Address 249 SUNDAY CIR

City

FREDERICKSBURG

State

TX

Zip Code

78624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2015

Transaction ID : SA11AI.15076

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. MRS JAN B VANDENBERG 977

Mailing Address 61951 KILDONAN CT

City

BEND

State

OR

Zip Code

97702

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : SA11AI.15175

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MRS JAN B VANDENBERG 977

Mailing Address 61951 KILDONAN CT

City

BEND

State

OR

Zip Code

97702

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
11 / 26 / 2015

Transaction ID : SA11AI.15174

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JOEL VANDEZANDE 913

Mailing Address 500 PERIWINKLE CT

City State Zip Code
 THOUSAND OAKS CA 91360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2015

Transaction ID : SA11Al.15180

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JOEL VANDEZANDE 913

Mailing Address 500 PERIWINKLE CT

City State Zip Code
 THOUSAND OAKS CA 91360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : SA11Al.15181

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES VARSEL 773

Mailing Address 7907 ALETA DR

City State Zip Code
 SPRING TX 77379

FEC ID number of contributing
federal political committee.

C

Name of Employer

VARSEL LTD

Occupation

RETIRED PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 02 2015

Transaction ID : SA11Al.15186

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR MICHAEL VASILE 870

Mailing Address PO BOX 744

City

SANDIA PARK

State

NM

Zip Code

87047

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	5		

Transaction ID : SA11Al.15188

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR MICHAEL VASILE 870

Mailing Address PO BOX 744

City

SANDIA PARK

State

NM

Zip Code

87047

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

Transaction ID : SA11Al.15187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JAMES D WALKER 760

Mailing Address 1311 COCHISE DR

City

ARLINGTON

State

TX

Zip Code

76012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	3		2	0	1	5		

Transaction ID : SA11Al.15235

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 192

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR JAMES D WALKER 760

Mailing Address 1311 COCHISE DR

City

ARLINGTON

State

TX

Zip Code

76012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.15234

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS DIANE M WEYRICK 550

Mailing Address 3431 HALSTAD AVE

City

WEBSTER

State

MN

Zip Code

55088

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FINANCIAL PLANNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11AI.15357

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR MICHEL WILCOX 432

Mailing Address 1985 HENDERSON RD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

INDEPENT CONSULTANT

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		08		2015

Transaction ID : SA11AI.15410

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MR MICHEL WILCOX 432

Mailing Address 1985 HENDERSON RD

City State Zip Code
 COLUMBUS OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INDEPENT CONSULTANT

Occupation
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.15409

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS CARRIE E WILSON 410

Mailing Address PO BOX 76280

City State Zip Code
 HIGHLAND HEIGHTS KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : SA11AI.15456

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS CARRIE E WILSON 410

Mailing Address PO BOX 76280

City State Zip Code
 HIGHLAND HEIGHTS KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : SA11AI.15458

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CARRIE E WILSON 410

Mailing Address PO BOX 76280

City State Zip Code
 HIGHLAND HEIGHTS KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.15457

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MS CARRIE E WILSON 410

Mailing Address PO BOX 76280

City State Zip Code
 HIGHLAND HEIGHTS KY 41076

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.15459

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MRS CAROLYN B WINTERS 836

Mailing Address PO BOX 535

City State Zip Code
 CASCADE ID 83611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA11AI.15490

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS CONSTANCE J YAMAUCHI 800

Mailing Address 15992 E LEHIGH CIR

City State Zip Code
 AURORA CO 80013

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEARTSTONE PROPERTIES LLC

Occupation
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 14 2015

Transaction ID : SA11AI.15552

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS JUDITH A YOUNG 454

Mailing Address 4270 SARAHS WAY

City State Zip Code
 DAYTON OH 45440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 23 2015

Transaction ID : SA11AI.15573

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS JUDITH A YOUNG 454

Mailing Address 4270 SARAHS WAY

City State Zip Code
 DAYTON OH 45440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 11 2015

Transaction ID : SA11AI.15576

Amount of Each Receipt this Period

-100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 192

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MS JUDITH A YOUNG 454

Mailing Address 4270 SARAHS WAY

City
DAYTON

State Zip Code
OH 45440

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.15575

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS JUDITH A YOUNG 454

Mailing Address 4270 SARAHS WAY

City
DAYTON

State Zip Code
OH 45440

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.15569

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

27482.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 192
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. TMA DIRECT INC

Mailing Address 2000 EDMUND HALLEY DR
#250

City State Zip Code
RESTON VA 20191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1722.41

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2015

Transaction ID : SA17.15726

Amount of Each Receipt this Period

1722.41

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

B. TMA DIRECT INC

Mailing Address 2000 EDMUND HALLEY DR
#250

City State Zip Code
RESTON VA 20191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3947.37

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA17.15722

Amount of Each Receipt this Period

2224.96

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

C. TMA DIRECT INC

Mailing Address 2000 EDMUND HALLEY DR
#250

City State Zip Code
RESTON VA 20191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4965.55

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA17.15723

Amount of Each Receipt this Period

1018.18

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4965.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 192
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. TMA DIRECT INC

Mailing Address 2000 EDMUND HALLEY DR
#250

City State Zip Code
RESTON VA 20191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6356.94

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA17.15724

Amount of Each Receipt this Period

1391.39

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

B. TMA DIRECT INC

Mailing Address 2000 EDMUND HALLEY DR
#250

City State Zip Code
RESTON VA 20191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8160.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA17.15725

Amount of Each Receipt this Period

1803.09

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3194.48

8160.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLCMailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC eMAIL SOLICITATIONS

003

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 09 / 2015**Transaction ID : SB21B.15669**

Amount of Each Disbursement this Period

8200.00

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLCMailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
PAC eMAIL SOLICITATIONS

003

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 28 / 2015**Transaction ID : SB21B.15670**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 08 / 2015**Transaction ID : SB21B.15671**

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43200.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. BAKER & HOSTETLER LLP

Date of Disbursement

Transaction ID : SB21B.15672

001

Amount of Each Disbursement this Period

Category/
Type

6000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

B. FIRST MERIT BANK

07 / 31 / 2015

Transaction ID : SB21B.15698

001

Amount of Each Disbursement this Period

Category/
Type

1207.41

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

C. FIRST MERIT BANK

Transaction ID : SB21B.15699

001

Amount of Each Disbursement this Period

Category/
Type

905.91

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

8113.32

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. FIRST MERIT BANK

City	State	Zip Code
AKRON	OH	44307

Transaction ID : SB21B.15703

00:

Amount of Each Disbursement this Period

Category/
Type

1688.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. IMAGINE IT DESIGN LLC

M M / D D / Y Y Y Y
09 02 2015

City	State	Zip Code
LAFAYETTE	LA	70507

Transaction ID : SB21B.15674

Purpose of Disbursement	PAC DIRECT MAIL SOLICITATION
-------------------------	------------------------------

00:

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2432.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15705

Purpose of Disbursement	PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5996.39

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

10116.39

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015
Transaction ID : SB21B.15706

Amount of Each Disbursement this Period

1223.11

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015
Transaction ID : SB21B.15707

Amount of Each Disbursement this Period

731.78

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015
Transaction ID : SB21B.15708

Amount of Each Disbursement this Period

304.48

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2259.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement



Transaction ID : SB21B.15709

003

Amount of Each Disbursement this Period

Category/
Type

307.47

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

MM / DD / YYYY

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15710

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15711

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

15222.14

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE MAJORITY FUND

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Transaction ID : SB21B.15712

003

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

4846.32

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.15714

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

5080.49

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '09' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2015' with four squares above it. The displays are separated by slashes.

Transaction ID : SB21B.15715

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

12546.23

22473.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15716Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

363.52

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15717Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

886.49

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Transaction ID : SB21B.15718Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Amount of Each Disbursement this Period

Candidate Name

CONSERVATIVE MAJORITY FUNDCategory/
Type

16142.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17392.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City	State	Zip Code
AKRON	OH	44333

Purpose of Disbursement
PAC DIRECT RESPONSE F/R

003

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SB21B.15719

Amount of Each Disbursement this Period

11730.20

Full Name (Last, First, Middle Initial)

B. STOUT RISIUS & ROSS CPAsMailing Address 4000 TOWN CENTER
20TH FL

City	State	Zip Code
SOUTHFIELD	MI	48075

Purpose of Disbursement
ACCOUNTING SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SB21B.15681

Amount of Each Disbursement this Period

8912.50

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUPMailing Address 191 MAIN STREET
SUITE 310

City	State	Zip Code
ANNAPOLIS	MD	22203

Purpose of Disbursement
PAC DIRECT MAIL - POSTAGE REIMBURSEMENT

003

Candidate Name

CONSERVATIVE MAJORITY FUNDOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB21B.15682

Amount of Each Disbursement this Period

1342.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21984.70

143783.13

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

CONSERVATIVE MAJORITY FUND

A. CONSERVATIVE MAJORITY SUPER FUND



011

CONSERVATIVE MAJORITY SUPER FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

MM / DD / YYYY

B. CONSERVATIVE MAJORITY SUPER FUND

011

Transaction ID : SB23.15694

Amount of Each Disbursement this Period

CONSERVATIVE MAJORITY SUPER FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. CONSERVATIVE MAJORITY SUPER FUND

011

Transaction ID : SB23.15695

Amount of Each Disbursement this Period

CONSERVATIVE MAJORITY SUPER FUND

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

47.79

TOTAL This Period (last page this line number only).....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

CONSERVATIVE MAJORITY FUND

A. CONSERVATIVE MAJORITY SUPER FUND

Date of Disbursement

Transaction ID : SB23.15696

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	13.5
25-34	12.5
35-44	11.5
45-54	10.5
55-64	9.5
65-74	8.5
75-84	7.5
85+	1.0

TOTAL This Period (last page this line number only).....

61.79

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

CONSERVATIVE MAJORITY FUND

A. MS LAUNA K FRABLE 182

Mailing Address 2241 INDIAN HL RD

City	State	Zip Code
LEHIGHTON	PA	18235

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB28A.15884

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

250.00

TOTAL This Period (last page this line number only).....

250.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

CONSERVATIVE MAJORITY FUND

A. MC SWEENEY CYNKAR & KACHOUROFF PLLC

City	State	Zip Code
POWHATAN	VA	23139

Transaction ID : SB29.15676

001

Amount of Each Disbursement this Period

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MC SWEENEY CYNKAR & KACHOUROFF PLLC

Date of Disbursement

Three digital displays showing the date 10/13/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '13' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Mailing Address 3358 JOHN TREE HILL RD

City	State	Zip Code
POWHATAN	VA	23139

Transaction ID : SB29.15677

Purpose of Disbursement

LEGAL SETTLEMENT

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. MC SWEENEY CYNKAR & KACHOUROFF PLLC

Date of Disbursement

Mailing Address 3358 JOHN TREE HILL RD

City	State	Zip Code
POWHATAN	VA	23139

Transaction ID : SB29.15678

Purpose of Disbursement

LEGAL SETTLEMENT

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

11600.00

TOTAL This Period (last page this line number only).....

11600.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 90 OF 192

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4194

CONSERVATIVE MAJORITY FUND**LOAN SOURCE** Full Name (Last, First, Middle Initial)
SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 2776 S ARLINGTON MILL DRIVE

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Date Due

M M M / D D D / Y Y Y Y Y Y

UPON
REQUEST

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

800.00

TOTALS This Period (last page in this line only)..... ►

800.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524454</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>		
Mailing Address 325 SPRINGSIDE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">773.30</div>		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.10649
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>		
Mailing Address 325 SPRINGSIDE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">112.40</div>		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.10652
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			[Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 1021.93 Transaction ID : SE.10653	
Purpose of Expenditure VOTER CONTACT		Category/Type 004 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 468.64 Transaction ID : SE.10654	
Purpose of Expenditure VOTER CONTACT		Category/Type 004 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524454</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">5979.19</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10655
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">817.71</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10656
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">SCOTT B MACKENZIE</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 94 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 584.33	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 147.79	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 3169.08	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 1541.16	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 225.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10661
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 243.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10662
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524454</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2055.72</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10663 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1034.96</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10664 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">16</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="text-align: right;">SCOTT B MACKENZIE</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div> <div style="text-align: right;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 491.87	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 451.77	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 99 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 704.46	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 727.23	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 222.79	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 942.88	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div></div> <div>1090.33</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10671 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div></div> <div>1594.81</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10672 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 102 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524454</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2015</div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">855.71</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10673 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2015</div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2015</div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">468.80</div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10674 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 16 / 2015</div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 20 / 2016</div>	
[Electronically Filed]			

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 163.23	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10676
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 20 / 2016

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 290.88	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 433.30	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 218.43	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 1426.07	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 328.79		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.10681
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 3193.50		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.10682
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>			Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		

[Electronically Filed]

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div>1550.30</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10683 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div> <div>004</div> </div>	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 112.09	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10684
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div>1862.31</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10685 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div>004</div>	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <div>0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div></div> <div>600.73</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10686 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 192
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 632.86	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10687
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2100.02	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10688
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 174.99	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 757.11	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1033.25	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10692
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: TN
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 407.50	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10694
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: UT
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1313.46	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10696
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: VA
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 1104.17	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Transaction ID : SE.10697 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM] Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
City State Zip Code AKRON OH 44333		Amount 309.39	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Transaction ID : SE.10698 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 91.14	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10700
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: WY
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 103.06	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15728
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: AL
Calendar Year-To-Date Per Election for Office Sought	103.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 136.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15731
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought	136.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	151.17
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 62.45	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15732
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 62.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 796.81	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15733
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought	796.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	859.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 77.87	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15735
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: CT
Calendar Year-To-Date Per Election for Office Sought	77.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	186.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 422.34	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15736	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		422.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 205.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15737	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		205.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			627.73	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 273.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15740	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		273.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 137.93	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15741	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		137.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			411.89	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 65.55	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15742
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 65.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 60.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15743
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 60.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.76	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 96.92	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15745
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	96.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	190.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 29.69		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15746	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		29.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 125.66		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15747	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		125.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		155.35		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		
		[Electronically Filed]		

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 145.31		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15748		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>		
Calendar Year-To-Date Per Election for Office Sought		145.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 212.54		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15749		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought		212.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			357.85		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 114.04	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15750	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought		114.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 62.48	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15751	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		62.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			176.52	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 128.93	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15752
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 128.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 21.75	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15753
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 21.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.68	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 38.76	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15754
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 38.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 57.75	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15755
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 57.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.51	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 190.05	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15757
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: NJ
Calendar Year-To-Date Per Election for Office Sought	190.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 43.82	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15758	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought		43.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 425.59	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15759	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		425.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			469.41	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 206.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15760
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 206.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 14.94	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15761
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 14.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		221.55	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 248.19		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15762	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		248.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 80.06		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15763	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought		80.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		328.25		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		
		[Electronically Filed]		

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 84.34	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15764
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 84.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 279.87	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15765
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 279.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		364.21	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 23.32		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15766	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought		23.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR		Amount 100.90		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15767	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		100.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		124.22		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 17.41	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15768	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>	
Calendar Year-To-Date Per Election for Office Sought		17.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 137.70	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15769	
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought		137.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.11	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 524.70		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15770		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015		
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 524.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 54.31		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15771		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015		
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought 54.31			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			579.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		

[Electronically Filed]

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 14.03	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15772
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 14.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 175.04	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15773
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 175.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		189.07	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 147.15	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15774
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 147.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 41.23	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15775
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 41.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		188.38	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 122.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15776
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 122.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 12.15	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15777
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 12.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		135.11	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 14.37	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15778
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 14.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 19.70	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15779
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 19.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.07	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 127.74		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15780		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>		
Calendar Year-To-Date Per Election for Office Sought 230.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 18.57		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15781		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>		
Calendar Year-To-Date Per Election for Office Sought 33.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			146.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 77.42	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15783
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	139.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>246.24</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

01 / 20 / 2016

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 144 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 987.75	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15784
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1784.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 135.08	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15785
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 244.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1122.83	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 96.53	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15786	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought		174.40	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 24.41	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15787	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought		44.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.94	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 523.52	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15788 Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 945.86		District: 00 State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 254.59	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15789
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: GA
Calendar Year-To-Date Per Election for Office Sought	459.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	778.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 37.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15790	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>	
Calendar Year-To-Date Per Election for Office Sought		67.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 40.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15791	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>	
Calendar Year-To-Date Per Election for Office Sought		72.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 170.97	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15793
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: IN
Calendar Year-To-Date Per Election for Office Sought	308.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		510.56
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 81.25	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15794
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 146.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 74.63	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15795
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 134.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		155.88	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 150 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 116.37	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15796	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought 210.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 120.13	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15797	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 217.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			236.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 155.76	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15799
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought	281.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	192.56
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 180.12
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Transaction ID : SE.15800 Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 325.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 263.45
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Transaction ID : SE.15801 Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 475.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	443.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 141.36	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15802	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		255.40	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 77.44	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15803	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		139.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			218.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 154 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 159.82	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15804
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 288.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 26.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15805
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 48.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		186.78	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 48.05	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15806
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 105.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 71.58	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15807
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	177.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 36.08	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15808
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 65.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 235.58	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15809
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 425.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		271.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 157 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 54.32		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15810		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought 98.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 527.55		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15811		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 953.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			581.87		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 18.52	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15813
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought	33.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	274.62
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 159 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 307.64	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15814
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 555.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 99.24	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15815
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 179.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		406.88	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 104.55	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15816
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 188.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 346.91	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15817
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought	626.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	451.46
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 125.07	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15819
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought	225.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.98
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 21.58	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15820	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>	
Calendar Year-To-Date Per Election for Office Sought		38.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 170.69	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15821	
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought		308.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			192.27	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 650.40		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15822		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought		1175.10	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 67.32		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15823		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		121.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			717.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 17.39		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15824		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>		
Calendar Year-To-Date Per Election for Office Sought		31.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 216.98		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15825		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought		392.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			234.37		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 182.40	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15826
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		329.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 51.11	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15827
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: WV
Calendar Year-To-Date Per Election for Office Sought	92.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	233.51
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 15.06	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15829
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: WY
Calendar Year-To-Date Per Election for Office Sought	27.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	167.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 17.82		
City AKRON State OH Zip Code 44333		Transaction ID : SE.15830			
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 32.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 18.01		
City AKRON State OH Zip Code 44333		Transaction ID : SE.15831			
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>		
Calendar Year-To-Date Per Election for Office Sought 248.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.83		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		

[Electronically Filed]

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2.62	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15832
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 36.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 23.80	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15833
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought	328.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right;">26.42</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 40px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 40px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 139.25	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15835
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought	1923.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>150.17</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 19.05	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15836
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: CO
Calendar Year-To-Date Per Election for Office Sought	263.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 13.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15837
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 188.01		District: 00 State: CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature


SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 192
FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 3.44		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15838		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>		
Calendar Year-To-Date Per Election for Office Sought		47.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 73.82		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15839		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought		1019.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.26		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date 01 / 20 / 2016	


SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 35.90		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15840		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		495.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 5.24		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15841		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>		
Calendar Year-To-Date Per Election for Office Sought		72.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div>_____</div> <div>47.88</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15843
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>12 / 21 / 2015</div> </div>
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>_____</div> <div>661.43</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤  53.55

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤ 

(c) **TOTAL** Independent Expenditures..... ➤ 

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 24.11		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.15844
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought			333.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 11.46		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.15845
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			158.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.57		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			[Electronically Filed]		Date MM / DD / YYYY 01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 10.52	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15846
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 145.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 16.41	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15847
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: KY
Calendar Year-To-Date Per Election for Office Sought	226.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.93
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature _____

01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 5.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15849
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ►	District: 00 State: ME
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
71.68			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.13
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 25.40	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15851
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: MA
Calendar Year-To-Date Per Election for Office Sought	350.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 37.15	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15852
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 513.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 16 / 2015</div> </div>	
Mailing Address 325 SPRINGSIDE DR		Amount <div> <div></div> <div>19.93</div> </div>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15853
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>12 / 21 / 2015</div> </div>
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>275.33</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.08
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 22.54	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15855
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: MO
Calendar Year-To-Date Per Election for Office Sought	311.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.46
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 3.80		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15856		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>		
Calendar Year-To-Date Per Election for Office Sought 52.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 6.78		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15857		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>		
Calendar Year-To-Date Per Election for Office Sought 45.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 10.09	
City AKRON State OH Zip Code 44333		Transaction ID : SE.15858		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 187.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR			Amount 5.09	
City AKRON State OH Zip Code 44333		Transaction ID : SE.15859		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 70.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.18	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date 01 / 20 / 2016

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 33.22	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15860
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 458.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 7.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15861
Purpose of Expenditure VOTER CONTACT	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought 105.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 74.39		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.15862
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 1027.53			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 36.11		
City AKRON		State OH	Zip Code 44333		Transaction ID : SE.15864
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 498.82			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>			Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016		

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 2.61		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15865		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>		
Calendar Year-To-Date Per Election for Office Sought 36.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 43.38		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15866		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 599.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 13.99	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15867
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 193.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 14.74	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15868
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 203.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		28.73	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 48.92		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15869		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 675.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 4.08		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15870		
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought 56.31			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
01 / 20 / 2016

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 17.64	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15871
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 243.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3.04	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15872
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: SD
Calendar Year-To-Date Per Election for Office Sought	42.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.68
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 24.07	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15873 Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TN
Calendar Year-To-Date Per Election for Office Sought 332.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 91.71	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15874
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought	1266.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 9.49		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15875		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought 131.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 2.45		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15876		
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation 12 / 21 / 2015		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>		
Calendar Year-To-Date Per Election for Office Sought 33.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.94		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date 01 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND			FEC IDENTIFICATION NUMBER ▼ C C00524454		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 30.59		
City AKRON State OH Zip Code 44333		Transaction ID : SE.15877			
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought 422.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address 325 SPRINGSIDE DR			Amount 25.72		
City AKRON State OH Zip Code 44333		Transaction ID : SE.15878			
Purpose of Expenditure VOTER CONTACT		Category/Type 004		Date of Disbursement or Obligation 12 / 21 / 2015	
Name of Federal Candidate HILLARY CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>		
Calendar Year-To-Date Per Election for Office Sought 355.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date 01 / 20 / 2016 <i>[Electronically Filed]</i>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 192
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 7.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15879
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 99.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 21.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15880
Purpose of Expenditure VOTER CONTACT		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 296.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
		[Electronically Filed]	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2.51	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.15882
Purpose of Expenditure VOTER CONTACT	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate HILLARY CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	34.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	4.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	16087.82